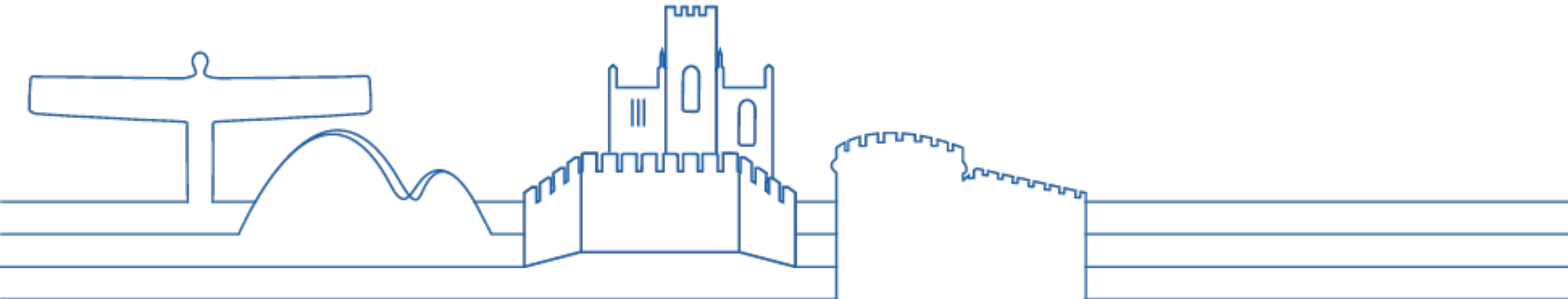# Workforce : current challenges for health and social care

JOINT ICS OSC -17 October 2022
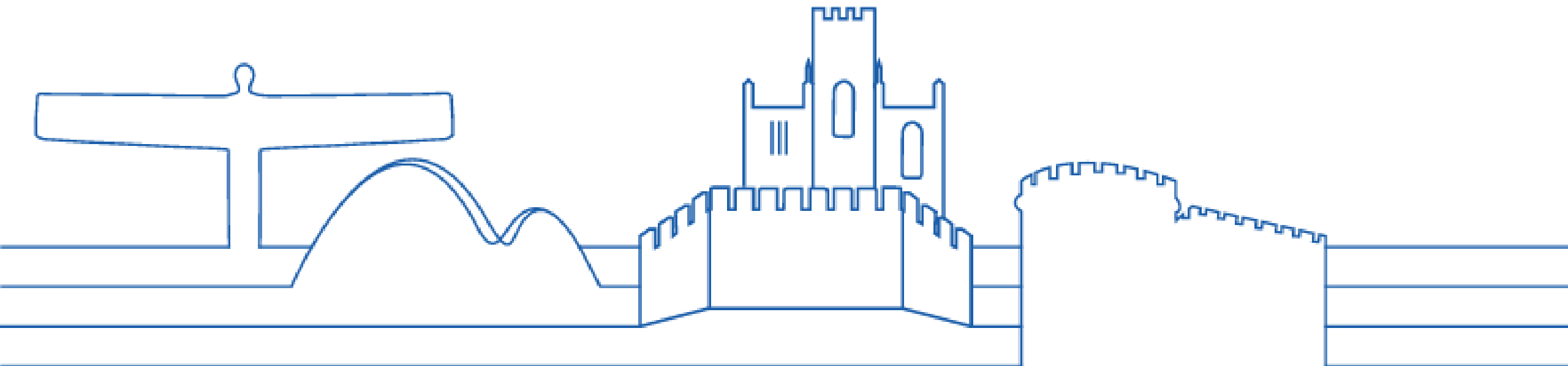
Annie Laverty – Chief People Officer

NHS
North East and North Cumbria

National context

Workforce challenges

NHS
North East and North Cumbria

As of September 2021, nationally the NHS was advertising 99,460 vacant posts: for social care, it was 105,000
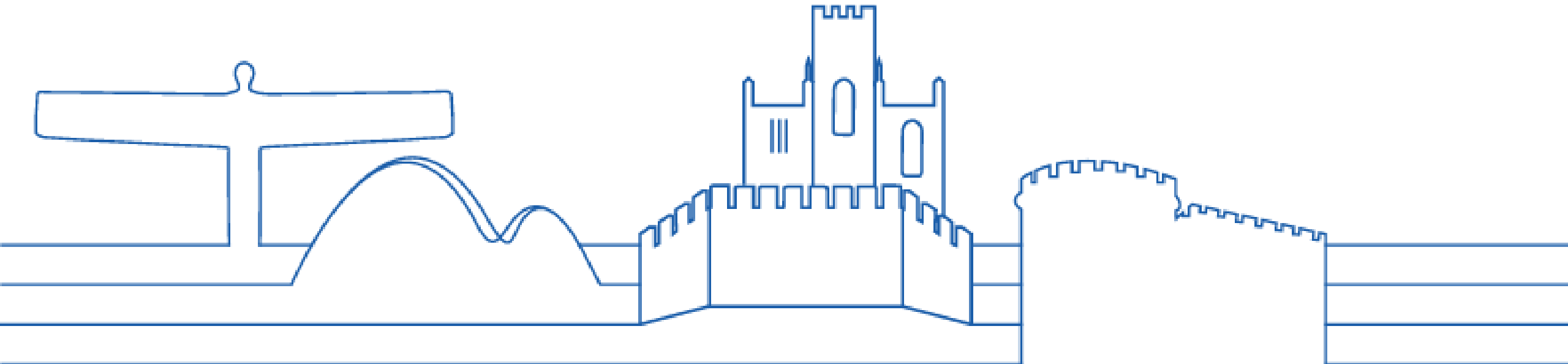
NHS in England short right now of 12,000 hospital doctors and over 50,000 nurses and midwives

Impact on the health and care workforce

- Multiple factors impacting the workforce including;
  - Pension rules influencing early retirement decisions, especially within the NHS
  - In August 2021, the NHS lost two million full-time equivalent days to sickness with more than 560,000 days lost due to anxiety, stress, and depression
  - Overall pressures and demands across health and social care
  - Pay and conditions in social care
 - Competitive recruitment market for lower paid jobs
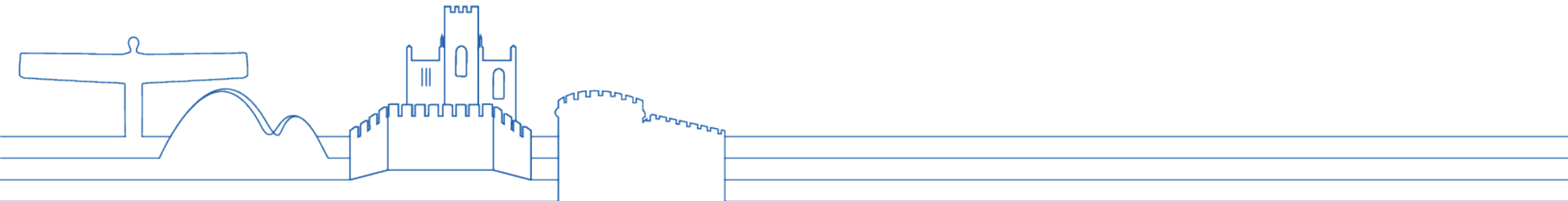
Regional Context

Summary

- NHS
  - Performing better than most but still much to do
  - Positive recruitment campaigns having an impact including – NHS 'Find Your Place' campaign for junior doctors – additional Medical School in Sunderland and International Recruitment
  - But we still have challenges

- Social Care
  - Public perception of social care, and lack of awareness of different roles, career pathways
  - Covid-19 related stress and staff 'burn out'
  - High turnover and the challenge of retaining skilled staff with competition from other sectors
  - Difficult to recruit high quality people and expectations do not match the reality of the work
  - Relatively low pay and poor terms and conditions of employment in parts of the sector
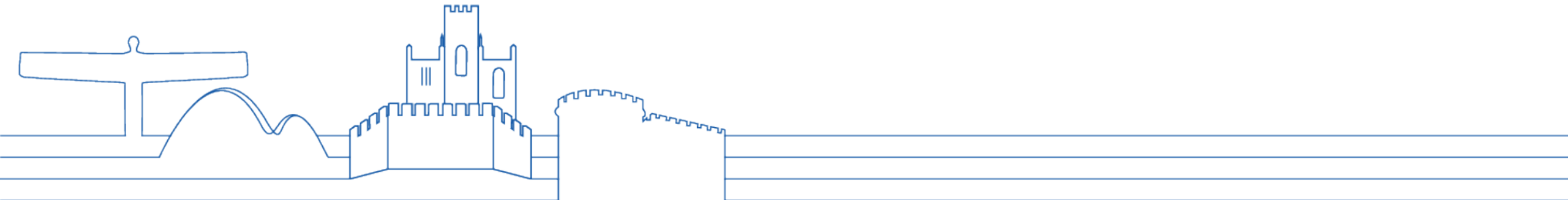
Regional comparison: North East and North Cumbria ICS

NHS

North East and North Cumbria

Recruitment: Healthcare Support Workers

Geography	Staff in post baseline (Oct-21)	Staff in post % growth to June	Vacancies baseline (Oct-21)	Vacancies (Jun-22)
North East and Yorkshire	25,731	6.18%	2,126	2,581
North East and North Cumbria	10,514	8.75%	870	977
Humber and North Yorkshire	2,932	3.47%	319	472
South Yorkshire	4,781	-1.48%	365	283
West Yorkshire	7,503	9.19%	572	850

Trust-level trajectories HCSW recruitment programme

Please note: as this data is collected more regularly, this is information from the HSCW recruitment reporting of 19 July, pertaining to the June position.

Recruitment: Reduced Vacancy Rate

Geography	Mar-22	Apr-22	May-22	Change from March baseline
North East and Yorkshire	6.0%	5.0%	7.4%	+1.4%
North East and North Cumbria	5.8%	5.1%	5.4%	-0.4%
Humber and North Yorkshire	7.0%	5.4%	8.5%	+1.5%
South Yorkshire	6.0%	4.6%	5.3%	-0.7%
West Yorkshire	5.8%	5.2%	10.9%	+5.1%

Data source: PWR

Additional context:

Leavers

An increase of leaver rates and turnover rates has been seen since Apr 2021 both nationally and regionally - although NEY has the lowest leaver rates across all regions, the whole NHS is experiencing pressure on how to maintain the momentum, compared to the strong downward trend we had in early 2020, in retaining our workforce.

April 22 saw the highest leaver and turnover rates in the past 12 months, and an increase of both leaver and turnover rates across all workforce groups in April 22 compared to previous months.

Top five reasons for leaving for all staff (in order) are: 1. End of fixed term; 2. Retirement; 3. Unknown; 4. Pay/Reward; 5. Relocation

Retention: Reduced Leaver Rate (rolling 12 months)

Geography	Apr-22	May-22	Difference
North East and Yorkshire	8.4%	8.3%	-0.1%
North East and North Cumbria	8.6%	8.7%	0.1%
Humber and North Yorkshire	9.0%	9.0%	0.0%
South Yorkshire	7.7%	7.4%	-0.3%
West Yorkshire	8.3%	8.1%	-0.2%

ESR via HEE's HEFT database, retention dashboard (national team)

National Staff Survey, National Quarterly Pulse Survey and Engagement

People Promise Scores – National Survey Data 2021

Geography	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work Flexibly	We are a team
North East and Yorkshire	7.3	5.9	6.7	6.0	5.3	6.0	6.6
North East and North Cumbria	7.3	5.9	6.8	6.0	5.3	5.9	6.7
Humber and North Yorkshire	7.1	5.8	6.6	5.9	5.2	5.9	6.5
South Yorkshire	7.3	5.9	6.7	6.0	5.3	6.1	6.6
West Yorkshire	7.3	6.0	6.8	6.0	5.4	6.1	6.7

Data source: National Staff Survey 2021

Engagement Scores

	Engagement	Advocacy*	Involvement	Motivation
National Average (April 2022)	6.6	6.7	6.4	6.8
North East and Yorkshire Average (April 2022)	6.4	6.3	6.3	6.6
NE&Y variance from January 2022	⬆ +0.1	⬇ -0.1	⬇ -0.1	⬇ -0.2

Data source: NQPS January 2022 and April 2022

People Promise Themes

"We are always learning" and "we are recognised and rewarded" themes scored lowest. Data shows colleagues feel there could be more recognition for the work they do and want to feel the organisation values their work, with the level of pay being the biggest contributing factor. Being able to access the right learning and development opportunities, feel supported to develop potential and having opportunities for career development are other areas for improvement.

Slide contents

National Staff Survey Data

NQPS Data

This slide summarises the Annual Staff Survey and National Quarterly Pulse Survey (NQPS) data incorporating the People Promise elements.

The response rate for the 2021 NE&Y region was 98,305 which is **48.3%** of the workforce an increase from 44.4% in 2020. The national staff survey response rate was 48% up by 1% from 2020.

The latest NQPS survey ran from 01 April 2022 to 02 May 2022, with an **11%** response rate which was up 3% on the January 2022. This is on par with the national response rate. Out of 33 trusts in the region 29 submitted responses which is average when compared to other region. This compares to 31 responses in January 2022 in the region. The reason for the four non returns was a result of staffing changes with the engagement teams.

Top and Bottom Scoring Trust NQPS Staff Engagement element for April 2022

	Engagement	Advocacy*	Involvement	Motivation
Top 3	Northumbria Healthcare NHS Foundation trust 7.3	Northumbria Healthcare NHS Foundation trust 7.3	Bradford District Care NHS Foundation Trust 6.9	Harrogate and District NHS Foundation Trust 7.3
Bottom 3	Th Rotherham NHS Foundation Trust 5.2	North Cumbria Integrated Care NHS Foundation Trust 4.1	Northern Lincolnshire and Goole NHS Foundation Trust 5.5	The Rotherham NHS Foundation Trust 5.6

Note: Northumbria HealthCare NHS Foundation Trust use a different sampling methodology to other NHS trusts.   Data Source: NQPS April 2022

*Advocacy relates to employee's feelings towards the organisation as a provider of care and as a recommended place to work.
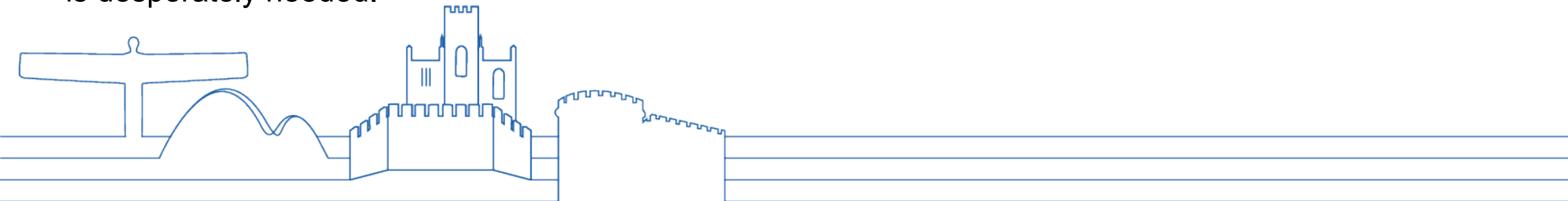
Social care

One in three care workers left their job in 2020–21, a serious setback to the continuity of care which is so essential to those who receive social care.

In December 2021, Care England reported that 95% of care providers were struggling to recruit staff, and 75% were struggling to retain their existing staff.

Care workers often find themselves in under-paid roles which do not reflect the value to society of the service they provide.

Without the creation of meaningful professional development structures, and better contracts with improved pay and training, social care will remain a career of limited attraction even when it is desperately needed.

Social care vacancies

- The vacancy rate remains much higher than the overall unemployment rate and it appears that as unemployment falls, social care vacancies rise.

- Vacancy rates in adult social care similar to the NHS

- Much higher than in other areas of the economy such as retail (1.6 per cent), education (1.5 per cent) and manufacturing (2.2 per cent).

In 2020/21, the staff vacancy rate in social care fell, while the overall unemployment rate for the whole economy rose

Overall unemployment
2013/14: 7.2%

Social care vacancy rate

Overall unemployment
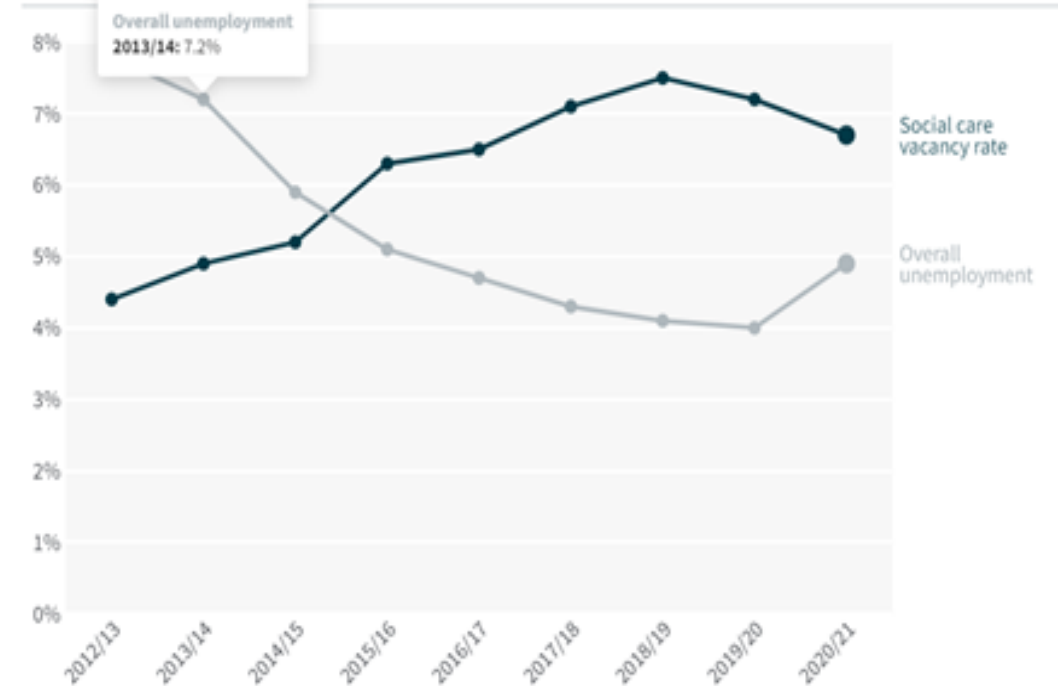
Source: Skills for Care
Reproduced from Skills for Care analysis. Social care vacancy data are for the independent and local authority sectors only.

The King's Fund
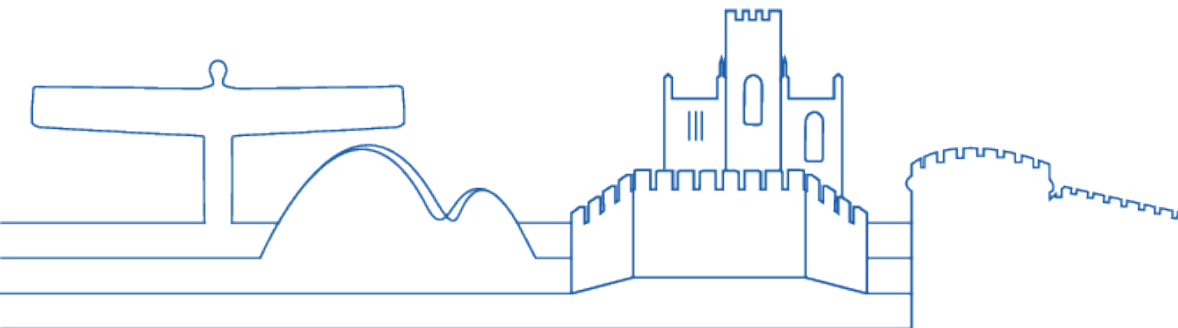
Recruitment and retention in social care

Pay is a crucial factor in recruitment and retention in social care. Social care providers are consistently being outbid by the retail and hospitality sectors

A long-term, sustainable strategy is needed with the prospect of pay progression, professional development, and career pathways

New regulations should be introduced in which care workers initially employed on zero-hours contracts are offered a choice of contract after three-months of employment
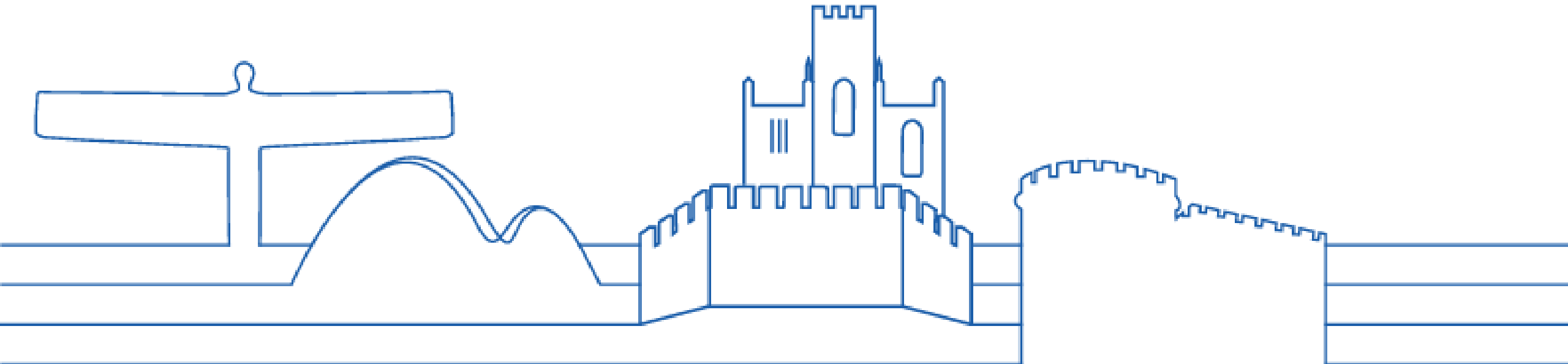
An externally validated care certificate which is transferable between social care providers and between social care and the NHS

Clear progression paths for those who want to continue professional development who enter social care and provide standardisation between training received in the sector to allow such progress and recognition
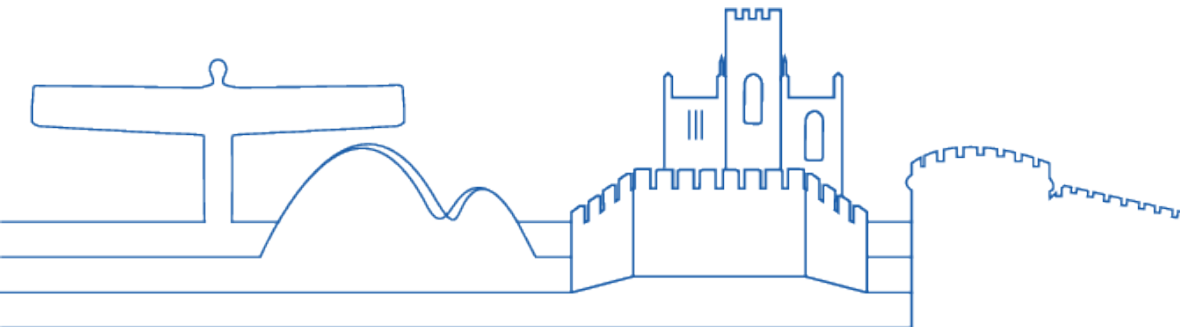
Action

NHS People Plan Priorities

To address its workforce challenges now, and for the future, the NHS needs more people, working differently, in a compassionate and inclusive culture:

- more people in training and education, and recruited to ensure that our services are appropriately staffed

- working differently by embracing new ways of working in teams, across organisations and sectors, and supported by technology in a compassionate and inclusive culture by building on the motivation

- at the heart of our NHS to look after and value our people, create a sense of belonging and promote a more inclusive service and workplace so that our people will want to stay.

The NHS People Plan sets out the actions that employers and systems should take, focussing on:

- Looking after our people particularly the actions we must all take to keep our people safe, healthy and well – both physically and psychologically.

- Belonging in the NHS highlighting the support and action needed to create an organisational culture where everyone feels they belong.

- New ways of working and delivering care emphasising that we need to make effective use of the full range of our people's skills and experience to deliver the best possible patient care.

- Growing for the future particularly by building on the renewed interest in NHS careers to expand and develop our workforce, as well as retaining colleagues for longer.

Workforce plan – emerging principles

Moderate over supply – the NHS has historically found it challenging to predict future workforce demand, given the fragmented nature of the system. In some professions, aiming to supply more staff than we need in the long term could build resilience and provide better vfm. Ensuring flexibility of training routes will help manage unexpected changes in demand.

The reliance on international recruitment needs to reduce to more sustainable levels – NHS staff trained overseas form a critical part of the workforce, but the dependency on this supply route leaves the NHS vulnerable to global shocks in the healthcare labour market. Domestic recruitment should expand as quickly as possible to reduce the reliance on international recruitment, with an aim of broadly maintaining current levels of overseas trained staff across the NHS to lock in the significant benefits that brings.

The proportion of non-clinical staff in the NHS should increase – new technologies should mean that, over time, more frontline roles can be supported by non-clinical staff (and this should also include making the most of volunteering capacity). Furthermore, administrative and support staff ensure that clinically trained staff can be deployed in areas where they are most productive. Recruitment routes for these roles are also quicker, and can be further improved.

We need a significant and targeted expansion of the pluri-potential workforce, supported by increasing and maintaining the generalist knowledge and skills in our specialist workforce – as the number of older people with multiple and complex conditions increases, clinicians and care professionals will increasingly need to enhance their specialist knowledge by maintaining and developing their generalist skills, to provide more personal, preventative and joined up care.

The solutions required are different across each region, although there are common themes – ensuring there is sufficient workforce supply in each area will require looking at incentives and levers right through from where training places are provided, to reward and incentives, varying staff mix approaches, and ICSs working collaboratively to provide a comprehensive set of services Recruiting locally e.g. by promoting apprenticeships, will reduce health inequalities.

The government and other regulatory bodies will also need to take action – challenges around regulatory barriers to service reform, significant gaps in social care provision, a clunky and complicated set of rewards and incentives all need to be reviewed, although it is anticipated that progress prior to development of the workforce plan will be limited due to the time that such revisions would take.

There is considerable scope for reforms to training approaches but changes will take time – reducing clinical hours and making use of virtual training techniques, and bring forward the transition into service, moving back the point of commitment to a specific speciality would improve the efficiency of training and help expand the number of places that could be offered.

Embed flexibility at the heart of working in the NHS – to work in a way that suits employees and their teams, and easily transfer between organisations. This includes providing clearer routes for career progression at all levels.

Strengthening diversity, leadership and the culture within the NHS – building on the People Promise, HR OD/ Futures and the Messenger review, continually developing and establishing best practice, enabling exceptional local leadership and working to build a workforce that is representative of the general population. Ensuring staff have an equitable and good experience of work will improve quality of care, retention of staff and productivity.

We need to work with systems to build capability for workforce redesign – equipping providers and systems with accessible tools to design optimum, alternative workforce models, with the skills and capabilities required to be responsive to evolving service models is the surest way to deliver continuing improvements over the next 15 years.

Positive and inclusive working cultures

- 21% of the social care workforce and 22.1% of the NHS workforce is black, Asian, or minority ethnic, compared to 15.7% of the population of England.

- According to the NHS Workforce Racial Equality Standard (WRES), racism impacts many parts of working life in the NHS: from pay, to career development, to the likelihood of being subject to disciplinary action

- The NHS must commit to the creation of positive working cultures and inclusive work environments.

- Creating and enforcing zero tolerance policies for harassment, discrimination, and bullying towards all staff, with targeted policies for staff who may be particularly vulnerable to these behaviours, and online behaviours.
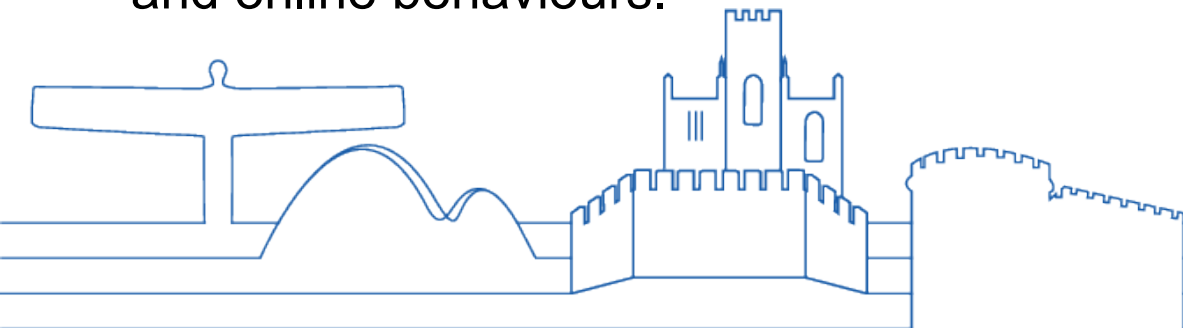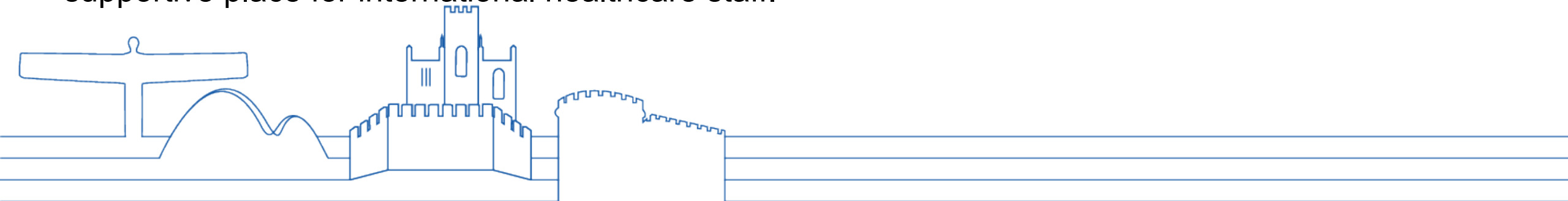
International recruitment

The NHS is dependent on the service of highly qualified and dedicated overseas staff. One in seven current NHS staff reports a non-British nationality.

47% of new GP trainees are international medical graduates.

Just over 50% of new registrants to the GMC register are international graduates.

Level of international recruitment unsustainable in the context of a global shortage of health professionals

However, more also needs to be done to make the NHS an attractive, welcoming, and supportive place for international healthcare staff.

Recruitment and retention

Action	Intended Impact	Time Horizon
Redesign NHS recruitment processes (staff supply) - to improve candidate and recruiter experience and increase efficiency	• Improve efficiency of recruitment processes to give a better user journey; reduce attrition from application process; faster deployment of staff; widen participation	Short
International recruitment (staff supply) - continue to recruit internationally to meet most critical supply gaps and increase clinical workforce capacity where deficit arises from education + training	• Boost workforce capacity in shortage areas	Short
Apprenticeships (staff supply) - introduce the right incentives for trusts / ICS' to grow new supply routes	• Boost workforce capacity in shortage areas; widen participation and contribute to levelling-up	Short
Specialty and specialist (SAS) grade roles - increased use of SAS medical staffing roles will require marketing of career options available to junior doctors at end of rotations	• Increased medical workforce capacity outside of the consultant grade	Medium
Leverage the NHS role as an anchor institution (staff supply) - recruit locally, invest in skills, focus on staff health promotion	• Reduce health inequalities, anchor NHS recruitment in place	Short
Volunteers (staff supply) – providers / ICS' to have a sustainable volunteer function; integrate volunteering into careers' outreach and planning	• Increased capacity of volunteers, freeing other staff time; widen participation and improve supply pipeline	Short
Enabling delivery / strengthen leadership and management (employee experience) - implementation of relevant recommendations from Messenger and Kark reviews	• Better leadership, with focus on delivery; greater leadership diversity; empowered HR OD Teams focussed; improved staff survey ratings re leadership; improved productivity	Short-Medium
Compassionate leadership (employee experience) – ICS' and providers undertake systemic culture review every 2-5 years to embed compassionate inclusive leadership	• Improvement in WDES and WRES metrics; improved retention of staff from under-represented groups; improved productivity	Short-Medium
Pensions (employee experience) - promote the existing benefits and flexibilities of current and future pension schemes to help staff make informed choices about how long they remain in work	• Improved participation in pension scheme; improved staff retention; improved productivity	Short
Listening strategy (employee experience) - for all NHS organisations, in line with national guidelines	• Improved retention and staff survey ratings at organisation level - improvement plans informed by benchmarked feedback; improved productivity	Short-Medium
Systematic and preventative approach to being safe and healthy (employee experience) - Wellbeing Guardians, conversations with managers, adequate rest facilities, health + wellbeing support and strengthened support from Occupational Health	• Improved attendance and reduced presenteeism; improved staff survey ratings on organisational focus on staff HWB; improved productivity	Short-Medium
Embed flexibility at the heart of working in the NHS (employee experience) - to work in a way that suits employees and their teams, and easily transfer between organisations	• Improved staff satisfaction about career progression and use of their skills; improved retention rates within systems; improved productivity	Short-Medium

Workforce Action in Social Care

- Increasing coordination via the Association of Directors of Adult Social Services (ADASS) network

- Understanding the workforce given gaps in the data from self-funders and the PA workforce

Joint work with the NENC ICS workforce team

- Promoting opportunities for flexible apprenticeships across health and social care settings.

- Pilot underway to develop learning disability 'Trainee Nursing Associates' (50/50 split between health and social care placements)

- 'Springpod' is creating virtual work experience opportunities to promote health and social care

- Local FE colleges are involving health and social care employers to develop the curriculum, to promote social care as a 'career of choice'

- 'Mini scrubs' scheme providing 'dressing up' uniforms to primary schools to start discussions about future careers

- Skills for Care's 'Finders Keepers Valuable People' programme, supporting social care organisations to retain the right people

Thanks for listening

Any questions or feedback ?